



PO Box 1715

1333 Main Street, Suite 500

Columbia, SC 29202-1715

803-737-5700

South Carolina Workers' Compensation Commission

Registration Form

May 5, 2011

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Claims Administration Workshop
8:00 a.m. – 12:00 p.m. | \$30.00 |
| <input type="checkbox"/> | Judicial Proceedings Workshop
12:30 p.m. – 4:30 p.m. | \$30.00 |
| <input type="checkbox"/> | Both Sessions | \$50.00 |

Seawell's – 1125 Rosewood Drive – Columbia, SC 29201

Name/Title: _____

Company: _____

Address: _____

City, State, Zip Code: _____

Contact Number: _____

Email: _____

Mail registration and payment to:
Kim Ballentine
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Cancellations received by the Commission by April 20 will receive a full refund.